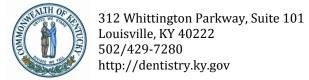
Date	
Approved by	
Certificate number	
Date Issued	

## FOR KBD USE ONLY

## Kentucky Board of Dentistry



## SEDATION OR ANESTHESIA PERMIT LOCATION NOTIFICATION FORM

Please print in ink or type your responses. List your name as it appears on your license. **Section 1. Must be completed by ALL applicants.** 

Dentist's Name					
Last/Suffix		Fir	Middle		
License Number					
☐ Add Facility ☐ Delete Facility	_Facility Permit N	umber			
Facility address					
Business Name			PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #	
☐ Add Facility ☐ Delete Facility	_Facility Permit N	umber			
Facility address					
Facility addressBusiness Name		Number & Street	PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #	
☐ Add Facility ☐ Delete Facility	_Facility Permit N	umber			
Facility address					
Business Name		Number & Street PO Boxes Not Acceptable			
City	State	ZIP	KY County	Phone #	
☐ Add Facility ☐ Delete Facility	_Facility Permit N	umber			
Facility address					
Business Name		Number & Street	PO Boxes Not Acceptable		
City	State	ZIP	KY County	Phone #	
☐ Add Facility ☐ Delete Facility	_Facility Permit N	umber			
Facility address					
Business Name		Number & Street PO Boxes Not Acceptable			
City	State	ZIP	KY County	Phone #	
Annlicant's signature		Effective Date of Change			